		FOR OHF USE					

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2003
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2003)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0042093

Facility Name: Renaissance At 87Th St The

Address: 2940 West 87Th Stree (Number) Chicago (City) 60652 (Zip Code)

County: Cook

Telephone Number: (773) 434-8787 **Fax #** (773) 434-8717

IDPA ID Number: 363945570001

Date of Initial License for Current Owners: 07/19/99

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steve Lavenda **Telephone Number:** (847) 236 - 1111

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/03 to 12/31/03 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer
(Signed) _____ (Date)
(Print Name and Title) Noshir R. Daruwalla, C.P.A.
(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.
111 Pfingsten Road, Suite 300 Deerfield, IL 60015
(Telephone) (847) 236-1111 Fax # (847) 236-1155

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	210	Skilled (SNF)	210	76,650	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	210	TOTALS	210	76,650	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	46,088	4,388	8,664	59,139	8
9	SNF/PED					9
10	ICF	12,999	1,238		14,237	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	59,087	5,625	8,664	73,376	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 95.73%

D. How many bed-hold days during this year were paid by Public Aid?
1,285 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
N/A

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 07/21/1999

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date New Construction NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 78 and days of care provided 8,664

Medicare Intermediary Adminastar Federal

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/03 Fiscal Year: 12/31/03

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	297,340	64,942	8,370	370,652		370,652		370,652			1
2	Food Purchase		334,459		334,459	(27,904)	306,555	(848)	305,707			2
3	Housekeeping	205,533	53,098		258,631		258,631		258,631			3
4	Laundry	93,411	14,868		108,279		108,279		108,279			4
5	Heat and Other Utilities			146,896	146,896		146,896	(11,560)	135,336			5
6	Maintenance	51,520	13,175	141,640	206,335		206,335	(2,646)	203,689			6
7	Other (specify):*							(29)	(29)			7
8	**TOTAL General Services**	647,804	480,542	296,906	1,425,252	(27,904)	1,397,348	(15,083)	1,382,265			8
	B. Health Care and Programs											
9	Medical Director			42,000	42,000		42,000		42,000			9
10	Nursing and Medical Records	2,910,434	217,020	8,332	3,135,786		3,135,786	93	3,135,879			10
10a	Therapy	111,647		10,566	122,213		122,213		122,213			10a
11	Activities	232,743	13,069	2,372	248,184		248,184		248,184			11
12	Social Services	221,325		2,147	223,472		223,472		223,472			12
13	Nurse Aide Training			7,400	7,400		7,400		7,400			13
14	Program Transportation			3,725	3,725		3,725	2	3,727			14
15	Other (specify):*							18	18			15
16	**TOTAL Health Care and Programs**	3,476,149	230,089	76,542	3,782,780		3,782,780	113	3,782,893			16
	C. General Administration											
17	Administrative	219,324		504,131	723,455		723,455	(362,627)	360,828			17
18	Directors Fees											18
19	Professional Services			145,185	145,185		145,185	(31,672)	113,513			19
20	Dues, Fees, Subscriptions & Promotions			119,426	119,426		119,426	(90,345)	29,081			20
21	Clerical & General Office Expenses	162,543	43,559	340,576	546,678		546,678	(184,452)	362,226			21
22	Employee Benefits & Payroll Taxes			773,908	773,908	27,904	801,812	(35,813)	765,999			22
23	Inservice Training & Education											23
24	Travel and Seminar			14,149	14,149		14,149	(7,457)	6,692			24
25	Other Admin. Staff Transportation			1,763	1,763		1,763	225	1,988			25
26	Insurance-Prop.Liab.Malpractice			238,159	238,159		238,159	15,815	253,974			26
27	Other (specify):*							36,099	36,099			27
28	**TOTAL General Administration**	381,867	43,559	2,137,297	2,562,723	27,904	2,590,627	(660,226)	1,930,401			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	4,505,820	754,190	2,510,745	7,770,755		7,770,755	(675,196)	7,095,559			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Renaissance At 87Th St The #0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			56,651	56,651		56,651	205,385	262,036			30
31	Amortization of Pre-Op. & Org.			7,522	7,522		7,522	8,208	15,730			31
32	Interest			158,196	158,196		158,196	806,821	965,017			32
33	Real Estate Taxes							346,049	346,049			33
34	Rent-Facility & Grounds			1,353,572	1,353,572		1,353,572	(1,342,832)	10,740			34
35	Rent-Equipment & Vehicles			8,918	8,918		8,918	6,878	15,796			35
36	Other (specify):*							47,351	47,351			36
37	**TOTAL Ownership**			1,584,859	1,584,859		1,584,859	77,860	1,662,719			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	10,622	300,044	365,065	675,731		675,731	(66)	675,665			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			114,975	114,975		114,975		114,975			42
43	Other (specify):*	80,564			80,564		80,564	(80,564)				43
44	**TOTAL Special Cost Centers**	91,186	300,044	480,040	871,270		871,270	(80,630)	790,640			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,597,006	1,054,234	4,575,644	10,226,884		10,226,884	(677,966)	9,548,918			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(214,926)	30		9
10	Interest and Other Investment Income	(188)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(256)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(400)	21		18
19	Entertainment	(8,023)	24		19
20	Contributions	(17,725)	20		20
21	Owner or Key-Man Insurance	(35,813)	22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(99,000)	21		24
25	Fund Raising, Advertising and Promotional	(70,441)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(161)	20		28
29	Other-Attach Schedule	(368,972)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (815,904)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	137,938		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 137,938		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (677,966)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Renaissance At 87Th St The

ID# 0042093

Report Period Beginning: 01/01/03

Ending: 12/31/03

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Bank Charges	$ (21,555)	21	1
2	Cable TV	(11,912)	05	2
3	Part B Coinsurance Write-Off OT	(6,916)	21	3
4	Part B Coinsurance Write-Off PT	(6,068)	21	4
5	Part B Coinsurance Write-Off ST	(1,415)	21	5
6	Miscellaneous Income - Photo Copies	(220)	21	6
7	Accounting Fees (Bldg Co)	(17,283)	19	7
8	License & Fees (Bldg Co)	(200)	20	8
9	Trust Fees (Bldg Co)	(1,680)	21	9
10	Miscellaneous Income - Food Rebates/Meals	(592)	02	10
11	Miscellaneous Income - Jury Duty	(69)	10	11
12	Non-Allowable Salary	(36,127)	21	12
13	Non-Allowable Fees	(142,500)	21	13
14	Marketing Salary	(80,564)	43	14
15	Capitalized R&M	(4,254)	06	15
16	Seminars (Marketing)	(150)	24	16
17	Legal Fees (Non-Allowable)	(33,689)	19	17
18	Marketing Expense	(844)	19	18
19	IL Council on LTC - COPE Dues	(2,934)	20	19
20				20
21				21
22				22
23				23
24				24
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98				98
99				99
100				100
101	**Total**	(368,972)		101

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary													1
2	Food Purchase	(848)											(848)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(11,912)		352									(11,560)	5
6	Maintenance	(4,254)		1,608									(2,646)	6
7	Other (specify):*			(29)									(29)	7
8	**TOTAL General Services**	(17,014)		1,931									(15,083)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(69)		162									93	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	Nurse Aide Training													13
14	Program Transportation			2									2	14
15	Other (specify):*			18									18	15
16	**TOTAL Health Care and Programs**	(69)		182									113	16
	C. General Administration													
17	Administrative			21,044	(311,117)	(6,110)	(66,444)						(362,627)	17
18	Directors Fees													18
19	Professional Services	(51,816)	17,283	1,322		139	1,400						(31,672)	19
20	Fees, Subscriptions & Promotions	(91,461)	200	1,182		(266)							(90,345)	20
21	Clerical & General Office Expenses	(315,881)	1,680	126,266		1,983	1,500						(184,452)	21
22	Employee Benefits & Payroll Taxes	(35,813)											(35,813)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(8,173)		653		63							(7,457)	24
25	Other Admin. Staff Transportation			225									225	25
26	Insurance-Prop.Liab.Malpractice		15,348	467									15,815	26
27	Other (specify):*			27,613	2,719	4,627	1,140						36,099	27
28	**TOTAL General Administration**	(503,144)	34,511	178,772	(308,398)	436	(62,404)						(660,226)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(520,226)	34,511	180,885	(308,398)	436	(62,404)						(675,196)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Renaissance At 87Th St The # 0042093 **Report Period Beginning:** 01/01/03 **Ending:** 12/31/03

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(214,926)	417,592	2,719									205,385	30
31	Amortization of Pre-Op. & Org.		8,208										8,208	31
32	Interest	(188)	807,742	(733)									806,821	32
33	Real Estate Taxes		346,049										346,049	33
34	Rent-Facility & Grounds		(1,353,572)	10,740									(1,342,832)	34
35	Rent-Equipment & Vehicles			6,878									6,878	35
36	Other (specify):*		47,351										47,351	36
37	**TOTAL Ownership**	(215,114)	273,370	19,604									77,860	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers			(66)									(66)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(80,564)											(80,564)	43
44	**TOTAL Special Cost Centers**	(80,564)		(66)									(80,630)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(815,904)	307,882	200,423	(308,398)	436	(62,404)						(677,966)	45

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Renaissance at Beverly LP		Bldg Partnership

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	$ 1,353,572	Renaissance at Beverly LP	100.00%	$	$ (1,353,572)	1
2	V	32	Interest Income	1,343	Renaissance at Beverly LP	100.00%		(1,343)	2
3	V	26	General Insurance		Renaissance at Beverly LP	100.00%	15,348	15,348	3
4	V	20	License & Fees		Renaissance at Beverly LP	100.00%	200	200	4
5	V	19	Accounting Fees		Renaissance at Beverly LP	100.00%	17,283	17,283	5
6	V	21	Trust Fees		Renaissance at Beverly LP	100.00%	1,680	1,680	6
7	V	36	MIP Insurance		Renaissance at Beverly LP	100.00%	47,351	47,351	7
8	V	32	Interest Expense		Renaissance at Beverly LP	100.00%	733,959	733,959	8
9	V	32	Interest Expense - ITEX		Renaissance at Beverly LP	100.00%	65,006	65,006	9
10	V	32	Interest Expense - Ren at 87th		Renaissance at Beverly LP	100.00%	10,120	10,120	10
11	V	33	Real Estate Taxes		Renaissance at Beverly LP	100.00%	346,049	346,049	11
12	V	30	Depreciation		Renaissance at Beverly LP	100.00%	417,592	417,592	12
13	V	31	Amortization		Renaissance at Beverly LP	100.00%	8,208	8,208	13
14	Total			$ 1,354,915			$ 1,662,797	$ * 307,882	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	UTILITIES	$	NUCARE SERVICES CORP.	100.00%	$ 352	$ 352	15
16	V	6	REPAIRS AND MAINT.				1,608	1,608	16
17	V	7	EMPLOYEE BEN. GEN. SERV.				(29)	(29)	17
18	V	10	NURSING ADMIN.				162	162	18
19	V	14	PROGRAM TRANSPORTATION				2	2	19
20	V	15	HEALTHCARE EMPLOYEE BEN.				18	18	20
21	V	17	ADMINISTRATIVE - NON-OWNER				21,044	21,044	21
22	V	19	PROFESSIONAL FEES				1,322	1,322	22
23	V	20	FEES SUBSCRIPTIONS				1,182	1,182	23
24	V	21	CLERICAL & GENERAL				126,266	126,266	24
25	V	24	SEMINARS AND EDUCATION				653	653	25
26	V	25	ADMIN. STAFF TRAVEL				225	225	26
27	V	26	INSURANCE				467	467	27
28	V	27	EMPLOYEE BEN. GEN. ADMIN.				27,613	27,613	28
29	V	30	DEPRECIATION				2,719	2,719	29
30	V	32	INTEREST EXPENSE				(733)	(733)	30
31	V	34	BUILDING RENT				10,740	10,740	31
32	V	35	EQUIPMENT RENTAL				6,878	6,878	32
33	V	39	ANCILLARY				(66)	(66)	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 200,423	$ * 200,423	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	ADMIN. - R. HARTMAN	$	NUCARE SERVICES CORP.	100.00%	$ 18,272	$ 18,272	15
16	V	17	ADMIN. - B. CARR				15,000	15,000	16
17	V	17	ADMIN. - D. HARTMAN				4,570	4,570	17
18	V	17	ADMIN. - E. DICKMAN				348	348	18
19	V								19
20	V	27	EMP. BEN. - R. HARTMAN				1,618	1,618	20
21	V	27	EMP. BEN. - B. CARR				715	715	21
22	V	27	EMP. BEN. - D. HARTMAN				357	357	22
23	V	27	EMP. BEN. - E. DICKMAN				29	29	23
24	V								24
25	V								25
26	V	17	MANAGEMENT FEES	349,307				(349,307)	26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 349,307			$ 40,909	$ * (308,398)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	ADMINISTRATIVE	$	CAREPATH HEALTH NETWORK	100.00%	$ 21,214	$ 21,214	15
16	V	19	PROFESSIONAL FEES				139	139	16
17	V	20	FEES, SUBSCRIPTIONS				(266)	(266)	17
18	V	21	CLERICAL AND GENERAL				1,983	1,983	18
19	V	24	SEMINARS				63	63	19
20	V	27	GEN ADMIN.- EMP. BEN.				4,627	4,627	20
21	V								21
22	V								22
23	V								23
24	V	17	MANAGEMENT FEES	27,324				(27,324)	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 27,324			$ 27,760	$ * 436	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	J. RAJCHENBACH-COMP.	$	JLR MANAGEMENT CORP.	100.00%	$ 61,056	$ 61,056	15
16	V	19	PROFESSIONAL FEES				1,400	1,400	16
17	V	21	OFFICE				1,500	1,500	17
18	V	27	PAYROLL TAXES				1,140	1,140	18
19	V								19
20	V								20
21	V	17	MARVIN NEEDLE-CONS. FEES						21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V	17	MANAGEMENT FEES	127,500				(127,500)	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 127,500			$ 65,096	$ * (62,404)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	WORKMANS COMPENSATION	$ 73,064	DIAMOND INSURANCE	40.00%	$ 73,064	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 73,064			$ 73,064	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	Robert Hartman	Owner	Administrative	20.05%	See Attached	3.63	7.26%	NuCare Alloc	$ 18,272	17-7	1
2	David Hartman	Relative	Administrative	0%	See Attached	0.90	1.88%	NuCare Alloc	4,570	17-7	2
3	Bernard Hollander	Owner	Administrative	25.00%	See Attached	2.00	3.08%				3
4	Jack Rajchenbach	Owner	Administrative	25.00%	See Attached	7.00	10.77%	Salary Aloc	61,056	17-7	4
5	Eitan Dickman	Relative	Administrative	0%	See Attached	0.34	0.78%	NuCare Alloc	348	17-7	5
6	Mark Berger	Relative	Administrative	0%	See Attached	5.00	9.09%	Salary Aloc	30,105	17-1	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 114,351		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: NUCARE SERVICES CORP.
Street Address: 6677 N LINCOLN AVENUE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (847) 933-2600
Fax Number: (847) 933-2601

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS	755,108	9	$ 3,469	$	76,650	$ 352	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	755,108	9	15,840	(985)	76,650	1,608	2
3	7	EMPLOYEE BEN. GEN. SERV.	AVAIL. CENSUS DAYS	755,108	9	(289)		76,650	(29)	3
4	10	NURSING ADMIN.	AVAIL. CENSUS DAYS	755,108	9	1,600	1,600	76,650	162	4
5	14	PROGRAM TRANSPORTATION	AVAIL. CENSUS DAYS	755,108	9	19		76,650	2	5
6	15	HEALTHCARE EMPLOYEE BE	AVAIL. CENSUS DAYS	755,108	9	180		76,650	18	6
7	17	ADMINISTRATIVE - NON-OWN	AVAIL. CENSUS DAYS	755,108	9	207,317	202,582	76,650	21,044	7
8	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	755,108	9	13,022		76,650	1,322	8
9	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	755,108	9	11,642		76,650	1,182	9
10	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	755,108	9	1,243,897	1,034,436	76,650	126,266	10
11	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	755,108	9	6,435		76,650	653	11
12	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	755,108	9	2,216		76,650	225	12
13	26	INSURANCE	AVAIL. CENSUS DAYS	755,108	9	4,598		76,650	467	13
14	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	755,108	9	272,029		76,650	27,613	14
15	30	DEPRECIATION	AVAIL. CENSUS DAYS	755,108	9	26,781		76,650	2,719	15
16	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	755,108	9	(7,220)		76,650	(733)	16
17	34	BUILDING RENT	AVAIL. CENSUS DAYS	755,108	9	105,808		76,650	10,740	17
18	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	755,108	9	67,754		76,650	6,878	18
19	39	ANCILLARY	AVAIL. CENSUS DAYS	755,108	9	(652)	(1,593)	76,650	(66)	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 1,974,446	$ 1,236,040		$ 200,423	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: NUCARE SERVICES CORP.
Street Address: 6677 N LINCOLN AVENUE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (847) 933-2600
Fax Number: (847) 933-2601

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED	36	9	180,000	180,000	4	18,272	1
2	17	ADMIN. - B. CARR	AVG. HOURS WORKED	48	9	180,000	180,000	4	15,000	2
3	17	ADMIN. - D. HARTMAN	AVG. HOURS WORKED	8	9	40,623	40,000	1	4,570	3
4	17	ADMIN. - E. DICKMAN	AVG. HOURS WORKED	17	9	17,157	17,000	0	348	4
5										5
6	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED	36	9	15,944		4	1,618	6
7	27	EMP. BEN. - B. CARR	AVG. HOURS WORKED	48	9	8,574		4	715	7
8	27	EMP. BEN. - D. HARTMAN	AVG. HOURS WORKED	8	9	3,170		1	357	8
9	27	EMP. BEN. - E. DICKMAN	AVG. HOURS WORKED	17	9	1,411		0	29	9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 446,879	$ 417,000		$ 40,909	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: CAREPATH HEALTH NETWORK
Street Address: 6633 N LINCOLN AVENUE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (888) 707-6700
Fax Number: (847) 679-2150

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	ADMINISTRATIVE	CARE PATH FEES	339,037	13	$ 263,221	$ 263,221	27,324	$ 21,214	1
2	19	PROFESSIONAL FEES	CARE PATH FEES	339,037	13	1,730		27,324	139	2
3	20	FEES, SUBSCRIPTIONS	CARE PATH FEES	339,037	13	(3,296)		27,324	(266)	3
4	21	CLERICAL AND GENERAL	CARE PATH FEES	339,037	13	24,604		27,324	1,983	4
5	24	SEMINARS	CARE PATH FEES	339,037	13	784		27,324	63	5
6	27	GEN ADMIN.- EMP. BEN.	CARE PATH FEES	339,037	13	57,412		27,324	4,627	6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 344,455	$ 263,221		$ 27,760	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: JLR MANAGEMENT CORP.
Street Address: 6633 NORTH LINCOLN
City / State / Zip Code: LINCOLNWOOD, IL. 60712
Phone Number: (847) 679-9141
Fax Number: (847) 679-1820

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	55	10	$ 479,725	$ 179,725	7	$ 61,056	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	55	10	11,000		7	1,400	2
3	21	OFFICE	AVG. HOURS WORKED	55	10	11,782	9,614	7	1,500	3
4	27	PAYROLL TAXES	AVG. HOURS WORKED	55	10	8,956		7	1,140	4
5										5
6										6
7	17	MARVIN NEEDLE-CONS. FEES	AVG. HOURS WORKED	40	1	36,296				7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 547,759	$ 189,339		$ 65,096	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: DIAMOND INSURANCE
Street Address: 40 SKOKIE BLVD SUITE 105
City / State / Zip Code: NORTHBROOK, IL 60062
Phone Number: (847) 559-1002
Fax Number:

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	22	WORKMANS COMP	DIRECT ALLOCATION			$	$		$ 73,064	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$ 73,064	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Mortgage - Building Co		X	Building Mortgage			$	$ 9,450,162			$ 733,959	1
2	ITEX Building Co		X								65,005	2
3	Ren @ 87th-Bldg Co		X								10,120	3
4												4
5	See Supplemental Schedule											5
	Working Capital											
6	Hillside Limited		X								12,367	6
7	Sun Joint Venture		X								19,566	7
8	See Supplemental Schedule										126,263	8
9	TOTAL Facility Related						$	$ 9,450,162			$ 967,281	9
	B. Non-Facility Related*											
10												10
11	Interest Income		X								(188)	11
12	Interest Income (Bldg Co)	X									(1,343)	12
13	See Supplemental Schedule										(733)	13
14	TOTAL Non-Facility Related						$	$			$ (2,264)	14
15	TOTALS (line 9+line14)						$	$ 9,450,162			$ 965,017	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 47,351 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
6												6
7	TOTAL Long-Term											7
	Working Capital											
8	LaSalle Bank-LOC		X	Working Capital			$	$			$ 126,263	8
9												9
10												10
11												11
12												12
13												13
14	TOTAL Working Capital										126,263	14
	B. Non-Facility Related*											
15							$	$			$	15
16	NuCare Allocation	X									(733)	16
17												17
18												18
19												19
20	TOTAL Non-Facility Related										(733)	20

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Renaissance At 87Th St The # 0042093 **Report Period Beginning:** 01/01/03 **Ending:** 12/31/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2002 report. *Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	355,188	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	342,067	2
3. Under or (over) accrual (line 2 minus line 1).	$	(13,121)	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)	$	359,170	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	346,049	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1998	55,017	8
	1999	144,392	9
	2000	329,699	10
	2001	338,274	11
	2002	342,067	12

Real Estate Tax Accrual - $342,066.81*1.05+$359,170.15

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2002	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Renaissance At 87Th St The COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042093

CONTACT PERSON REGARDING THIS REPORT : Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	19-36-322-011-0000	Long Term Care Property	$ 47,709.76	$ 47,709.76
2.	19-36-322-012-0000	Long Term Care Property	$ 60,417.22	$ 60,417.22
3.	19-36-322-013-0000	Long Term Care Property	$ 93,034.26	$ 93,034.26
4.	19-36-322-014-0000	Long Term Care Property	$ 66,940.75	$ 66,940.75
5.	19-36-322-015-0000	Long Term Care Property	$ 60,417.22	$ 60,417.22
6.	19-36-322-016-0000	Long Term Care Property	$ 8,789.23	$ 8,789.23
7.	19-36-322-017-0000	Long Term Care Property	$ 2,518.35	$ 2,518.35
8.	19-36-322-018-0000	Long Term Care Property	$ 2,240.01	$ 2,240.01
9.			$	$
10.			$	$
		TOTALS	$ 342,066.80	$ 342,066.80

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Renaissance At 87Th St The COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042093

CONTACT PERSON REGARDING THIS REPORT : Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 66,911 B. General Construction Type: Exterior Masonry/Brick Frame Steel Number of Stories 4

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [X] YES [ ] NO
If so, please complete the following:

1. Total Amount Incurred: 263,860
2. Number of Years Over Which it is Being Amortized: 40 years
3. Current Period Amortization: 15,730
4. Dates Incurred: 7/99

Nature of Costs: Organization Costs/Allocation from NuCare
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	51,162	1994	$ 703,613	1
2	Debt Forgiveness		1994	(560,000)	2
3	TOTALS	51,162		$ 143,613	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1999	89,068		20	4,438	4,438	19,599	9
10								-		-	10
11								-		-	11
12								-		-	12
13								-		-	13
14								-		-	14
15								-		-	15
16								-		-	16
17								-		-	17
18								-		-	18
19								-		-	19
20								-		-	20
21								-		-	21
22								-		-	22
23								-		-	23
24								-		-	24
25								-		-	25
26								-		-	26
27								-		-	27
28								-		-	28
29								-		-	29
30								-		-	30
31								-		-	31
32								-		-	32
33								-		-	33
34								-		-	34
35								-		-	35
36								-		-	36

*Total beds on this schedule must agree with page 2.

See Page 12A, Line 70 for total

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12-BLDG & 12A-BLDG)		8,732,512	223,911		218,424	(5,487)	1,020,250	67
68	Related Party Allocations (Pages 12-REP & 12A-REP)		2,418	97		122	25	543	68
69	Financial Statement Depreciation			14,450			(14,450)		69
70	TOTAL (lines 4 thru 69)		$ 8,823,998	$ 238,458		$ 222,984	$ (15,474)	$ 1,040,392	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 8,823,998	$ 238,458		$ 222,984	$ (15,474)	$ 1,040,392	1
2	Window Trtmnt Mrktg	2000	784		20	20	20	79	2
3	Back Patio Canopy	2000	8,627		20	221	221	801	3
4	Improvement	2000	488		20	13	13	46	4
5	Landscaping Work	2000	2,486		20	64	64	220	5
6	2 Locks	2000	1,326		20	34	34	120	6
7	Elevator Repair	2000	602		20	15	15	53	7
8	Instll 2 Hngs/ Dr Fr	2000	485		20	12	12	42	8
9	Patch W/Asphalt	2000	1,200		20	31	31	102	9
10	Replace Batteries	2000	791		20	20	20	67	10
11	Cableing	2000	903		20	23	23	76	11
12	Replace Floor In Ele	2000	1,750		20	45	45	148	12
13	Screens	2000	630		20	16	16	51	13
14	Repair To Fire Alarm	2000	985		20	25	25	79	14
15	Wallpaper	2000	1,118		20	29	29	87	15
16	Rerun Dryer Vent Lin	2000	1,951		20	50	50	152	16
17	Boiler Repairs	2000	664		20	17	17	52	17
18	Cubicle Dividers,Wor	2000	3,667		20	94	94	294	18
19	Wanderguard	2000	15,500		20	397	397	1,440	19
20	Install Molding	2000	480		20	12	12	47	20
21	Purifier Filters	2000	693		20	35	35	139	21
22	Parking Lot R&M	2001	2,990		20	150	150	362	22
23	Air Conditioners	2001	6,100		20	305	305	686	23
24	Lower Level Office	2001	19,450		20	973	973	2,188	24
25	Carpet	2001	1,100		20	55	55	124	25
26	Window Shades	2001	3,395		20	170	170	383	26
27	Light Fixtures	2001	808		20	40	40	91	27
28	Awning R&M	2001	4,585		20	229	229	688	28
29	Chiller R&M	2001	2,584		20	129	129	333	29
30	Outside Storage	2001	1,785		20	89	89	238	30
31	Oak Wood Doors	2002	1,384		20	69	69	127	31
32	Window Shades	2002	2,951		20	295	295	541	32
33	Exit Signs	2002	1,889		20	189	189	299	33
34	TOTAL (lines 1 thru 33)		$ 8,918,149	$ 238,458		$ 226,850	$ (11,608)	$ 1,050,547	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 8,918,149	$ 238,458		$ 226,850	$ (11,608)	$ 1,050,547	1
2	Oak Wood Doors	2002	799		20	40	40	67	2
3	Electrical Rework	2002	600		20	30	30	58	3
4	Walk-In Freezer Repair	2002	959		20	48	48	84	4
5	Patio Canopy	2002	300		20	30	30	53	5
6	Window Treatments	2002	643		20	32	32	54	6
7	Paint	2002	829		20	41	41	66	7
8	Walk-In Freezer Repair	2002	1,660		20	83	83	111	8
9	Doors	2003	1,169		20	97	97	97	9
10	Lighting	2003	1,654		20	110	110	110	10
11	Cooper Water Line	2003	648		20	22	22	22	11
12	Doors	2003	651		20	16	16	16	12
13	Wanderguard System	2003	1,990		20	75	75	75	13
14	Wanderguard System	2003	4,486		20	150	150	150	14
15	Wanderguard System	2003	2,033		20	25	25	25	15
16	Fire Alarm Key Pads	2003	968		20	8	8	8	16
17	Fire Alarm Pull Station	2003	2,159		20	99	99	99	17
18	Condenser Fan Motors	2003	1,745		20	29	29	29	18
19	Chiller Repair	2003	905		20	23	23	23	19
20	Painting & Decorating	2003	1,604		20	40	40	40	20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,943,951	$ 238,458		$ 227,848	$ (10,610)	$ 1,051,734	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 8,943,951	$ 238,458		$ 227,848	$ (10,610)	$ 1,051,734	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
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19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,943,951	$ 238,458		$ 227,848	$ (10,610)	$ 1,051,734	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 8,943,951	$ 238,458		$ 227,848	$ (10,610)	$ 1,051,734	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,943,951	$ 238,458		$ 227,848	$ (10,610)	$ 1,051,734	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		$ 8,943,951	$ 238,458		$ 227,848	$ (10,610)	$ 1,051,734	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,943,951	$ 238,458		$ 227,848	$ (10,610)	$ 1,051,734	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 8,943,951	$ 238,458		$ 227,848	$ (10,610)	$ 1,051,734	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
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19									19
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21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,943,951	$ 238,458		$ 227,848	$ (10,610)	$ 1,051,734	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		$ 8,943,951	$ 238,458		$ 227,848	$ (10,610)	$ 1,051,734	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,943,951	$ 238,458		$ 227,848	$ (10,610)	$ 1,051,734	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		$ 8,943,951	$ 238,458		$ 227,848	$ (10,610)	$ 1,051,734	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,943,951	$ 238,458		$ 227,848	$ (10,610)	$ 1,051,734	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		$ 8,943,951	$ 238,458		$ 227,848	$ (10,610)	$ 1,051,734	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,943,951	$ 238,458		$ 227,848	$ (10,610)	$ 1,051,734	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12J, Carried Forward		$ 8,943,951	$ 238,458		$ 227,848	$ (10,610)	$ 1,051,734	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,943,951	$ 238,458		$ 227,848	$ (10,610)	$ 1,051,734	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4				1999	$ 8,932,245	$ 229,032		$ 223,306	$ (5,726)	$ 1,030,644	4
5				1999	4,436	114		222	108	512	5
6				1999	(204,169)	(5,235)		(5,104)	131	(10,906)	6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A-BLDG, Line 70 for total

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 8,732,512	$ 223,911		$ 218,424	$ (5,487)	$ 1,020,250	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10	NuCare Allocation			1997	467	12	35	23	11	146	10
11	NuCare Allocation			1998	409	10	35	21	11	112	11
12	NuCare Allocation			1999	574	50	35	29	21	127	12
13	NuCare Allocation			2000	698	18	35	35	17	120	13
14	NuCare Allocation			2001	270	7	35	14	7	38	14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A-REP, Line 70 for total

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 2,418	$ 97		$ 122	$ 67	$ 543	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,231,807	$ 234,431	$ 28,767	$ (205,664)	10	$ 91,999	71
72	Current Year Purchases	43,907	3,947	5,295	1,348	10	5,295	72
73	Fully Depreciated Assets	9,261	127	127		10	9,261	73
74								74
75	TOTALS	$ 1,284,975	$ 238,505	$ 34,189	$ (204,316)		$ 106,555	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 10,372,539	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 476,963	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 262,037	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (214,926)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,158,289	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5	Allocation NuCare				10,740			5
6								6
7	TOTAL				$ 10,740 **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease ____.

9. Option to Buy: ☐ YES ☐ NO Terms: ____ *

10. Effective dates of current rental agreement:
Beginning ____
Ending ____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2004	$
13.	/2005	$
14.	/2006	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO

16. Rental Amount for movable equipment: $ 14,109 Description: See Attached Schedule
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Facility		$	$ 1,687	17
18					18
19					19
20					20
21	TOTAL		$	$ 1,687	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [X] YES [ ] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- COMMUNITY COLLEGE [X]
- HOURS PER AIDE 120

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM [X]
- IN OTHER FACILITY [ ]
- HOURS PER AIDE 80

B. EXPENSES

ALLOCATION OF COSTS (d)

			1 Facility Drop-outs	2 Facility Completed	3 Contract	4 Total
1	Community College Tuition		$	$ 2,525	$	$ 2,525
2	Books and Supplies			559		559
3	Classroom Wages	(a)				
4	Clinical Wages	(b)		4,315		4,315
5	In-House Trainer Wages	(c)				
6	Transportation					
7	Contractual Payments					
8	Nurse Aide Competency Tests					
9	TOTALS		$	$ 7,400	$	$ 7,400
10	SUM OF line 9, col. 1 and 2	(e)	$ 7,400			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	4
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	4

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39 - 03	hrs	$		$ 177,801	$		$ 177,801	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			17,780			17,780	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			169,484			169,484	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				211,006		211,006	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental			10,622			89,038		99,660	13
14	TOTAL			$ 10,622		$ 365,065	$ 300,044		$ 675,731	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/03 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 1,500	$ 1,500	1
2	Cash-Patient Deposits	1,867	1,867	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,940,250	1,940,250	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	134,906	176,955	6
7	Other Prepaid Expenses	20,281	20,281	7
8	Accounts Receivable (owners or related parties)	3,590,654	3,590,654	8
9	Other(specify): See Attached Schedule	119,725	653,738	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 5,809,183	$ 6,385,245	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		143,613	13
14	Buildings, at Historical Cost		8,732,512	14
15	Leasehold Improvements, at Historical Cost	173,190	173,190	15
16	Equipment, at Historical Cost	313,472	1,281,885	16
17	Accumulated Depreciation (book methods)	(202,882)	(2,094,703)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		9,211	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(8,212)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule	33,698	267,127	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 317,478	$ 8,504,623	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 6,126,661	$ 14,889,868	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 949,291	$ 1,676,744	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	1,738	1,738	28
29	Short-Term Notes Payable		47,147	29
30	Accrued Salaries Payable	353,030	353,030	30
31	Accrued Taxes Payable (excluding real estate taxes)	20,870	20,870	31
32	Accrued Real Estate Taxes(Sch.IX-B)		359,170	32
33	Accrued Interest Payable		163,242	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	4,989,853	4,989,853	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 6,314,782	$ 7,611,794	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,403,015	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule			43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 9,403,015	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 6,314,782	$ 17,014,809	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (188,121)	$ (2,124,941)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 6,126,661	$ 14,889,868	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (1,107,488)	1
2	Restatements (describe):		2
3	Adjusting Journal Entries 12/31/02	(75,059)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (1,182,547)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	994,426	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 994,426	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (188,121)	24 *

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 10,248,202	1
2	Discounts and Allowances for all Levels	(372,062)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 9,876,140	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	850,296	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 850,296	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	398,141	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	40,294	19
20	Radiology and X-Ray	3,180	20
21	Other Medical Services	52,190	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 493,805	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	188	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 188	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	881	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 881	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 11,221,310	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,425,252	31
32	Health Care	3,782,780	32
33	General Administration	2,562,723	33
	B. Capital Expense		
34	Ownership	1,584,859	34
	C. Ancillary Expense		
35	Special Cost Centers	756,295	35
36	Provider Participation Fee	114,975	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 10,226,884	40
41	**Income before Income Taxes (line 30 minus line 40)****	994,426	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 994,426	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return?** Cash Basis **If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.** SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,973	2,086	$ 97,867	$ 46.92	1
2	Assistant Director of Nursing	2,435	2,726	80,137	29.40	2
3	Registered Nurses	14,679	16,015	583,453	36.43	3
4	Licensed Practical Nurses	42,274	45,731	892,252	19.51	4
5	Nurse Aides & Orderlies	110,680	118,387	1,169,755	9.88	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	623	623	10,622	17.05	7
8	Rehab/Therapy Aides	12,405	12,405	111,647	9.00	8
9	Activity Director	3,601	3,858	77,403	20.06	9
10	Activity Assistants	15,623	17,180	155,340	9.04	10
11	Social Service Workers	9,549	10,303	221,325	21.48	11
12	Dietician	4,027	4,252	71,388	16.79	12
13	Food Service Supervisor					13
14	Head Cook	7,170	7,655	69,925	9.13	14
15	Cook Helpers/Assistants	20,900	22,279	156,027	7.00	15
16	Dishwashers					16
17	Maintenance Workers	3,547	3,923	51,520	13.13	17
18	Housekeepers	20,256	22,078	205,533	9.31	18
19	Laundry	9,903	10,549	93,411	8.85	19
20	Administrator	1,989	2,086	107,464	51.52	20
21	Assistant Administrator	1,837	2,086	56,294	26.99	21
22	Other Administrative	1,073	1,073	55,566	51.79	22
23	Office Manager					23
24	Clerical	29,589	32,474	162,543	5.01	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,111	3,777	86,970	23.03	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	2,685	2,685	80,564	30.01	33
34	TOTAL (lines 1 - 33)	319,929	344,231	$ 4,597,006 *	$ 13.35	34

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	$ 8,370	01-03	35
36	Medical Director	Monthly	42,000	09-03	36
37	Medical Records Consultant	Monthly	2,160	10-03	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	3,672	10-03	39
40	Physical Therapy Consultant	108	5,258	10a-03	40
41	Occupational Therapy Consultant	104	5,120	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	4	188	10a-03	43
44	Activity Consultant	45	2,372	11-03	44
45	Social Service Consultant	41	2,147	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	302	$ 71,287		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Nurse Aides	250	2,500	10-03	52
53	TOTAL (lines 50 - 52)	250	$ 2,500		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Thomas Smith	Administrator	0	$ 107,464
Donna Odsen	Asst Administrator	0	56,294
Kathy Brander	Dir of Regulatory Mgmt	0	10,284
Ray Dolan	VP of Risk Mgmt	0	3,514
Rusti Bauman	VP of Medicare Reimb	0	1,459
Marilyn Flaherty	VP or Medicare Reimb	0	1,941
See Supplemetal Schedule			38,369
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 219,326

B. Administrative - Other

Description	Amount
Management Fees - NuCare	$ 349,307
Management Fees - JLR Management	127,500
Management Fees-CarePath	27,324
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 504,131

C. Professional Services

Vendor/Payee	Type	Amount
Barbara Demos	Legal	$ 33,369
Sachnoff & Weaver	Legal	15,802
Stone McGuire & Benjamin	Legal	15,385
Johnson & Associates	Legal	6,422
Klien Dub & Holleb	Legal	3,322
Myers Miller Standa & Kraus	Legal	798
Myer Miller & Kraus	Legal	376
Piper Rudnick	Legal	205
Morgan Lewis	Legal	46
Chris Novotny	Legal	11
FR&R	Accounting	30,902
See Supplemetal Schedule		38,547
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $2500 attach copy of invoices.)		$ 145,184

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 73,064
Unemployment Compensation Insurance	77,983
FICA Taxes	345,200
Employee Health Insurance	89,130
Employee Meals	27,904
Illinois Municipal Retirement Fund (IMRF)*	
Chicago Head Tax	6,143
Union Health Insurance	75,648
Union Pension Benefits	37,518
401 K Plan	1,989
Employee Benefits	31,420
TOTAL (agree to Schedule V, line 22, col.8)	$ 766,000

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	12,454
Health Care Worker Background Check (Indicate # of checks performed 520)	4,376
Advertising & Promotion	70,441
Association Dues	8,113
Dues & Subscriptions	636
Yellow Page Advertising	161
Licenses & Fees	2,587
See Supplemental Schedule	916
Less: Public Relations Expense	( )
Non-allowable advertising	(70,441)
Yellow page advertising	(161)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 29,082

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	5,976
NuCare Allocation	653
CarePath Allocation	63
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 6,692

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 Report Period Beginning: 01/01/03 Ending: 12/31/03

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1	N/A		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St The # 0042093 **Report Period Beginning:** 01/01/03 **Ending:** 12/31/03

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? Yes

(2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IL Council On LTC - $11,046.60

(3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report?

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Yrs

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ 54,973 Line 10

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES X NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ 114,975
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ 27,904 Has any meal income been offset against related costs? No Indicate the amount. $

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? 100in14
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? Yes

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.